

Millard School District In-Lieu of Transportation Application

In-lieu of reimbursement for student transportation is approved the MSD Board of Education annually. You are required to submit a new in lieu of application each year for each student. The transportation department will determine the mileage, following state guidelines. Reimbursement mileage will be measured to the nearest bus stop, or to the school if no bus stop is available. Payment will be determined by attendance at school. Request for payment is made by completing the Millard School District Transportation Reimbursement form which is then submitted to the Millard School District Office for attendance verification. Payment requests may be submitted monthly or quarterly. All reimbursement claims must be submitted no later than June 30 of the current school year in order to be eligible for reimbursement.

IN-LIEU OF TRANSPORTATION APPLICATION			
STUDENT INFORMATION	Current Physical Address:		
	City:	State:	Zip:
	Student Name:		Grade:
	School Name:		
	<i>Check all that apply – Requesting in lieu for:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Early Release		
	Student Name:		Grade:
	School Name:		
	<i>Check all that apply – Requesting in lieu for:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Early Release		
	Student Name:		Grade:
	School Name:		
	<i>Check all that apply – Requesting in lieu for:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Early Release		
	Student Name:		Grade:
School Name:			
<i>Check all that apply – Requesting in lieu for:</i> <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Early Release			
CLAIMANT INFO	Parent/Guardian Name:		
	Mailing Address:		Phone:
	City:	State:	Zip:
	Email Address:		
SIGNATURES	I hereby certify that the information provided on this form is true and accurate and will notify the transportation department immediately if a change occurs to any student information listed above.		
	Signature of Parent/Guardian:		Date:
	Signature of Transportation Director:		Date:

For Office Use Only

Date Received:		Date Approved:		
Roundtrip Mileage to Nearest:	Bus Stop	Elementary	Middle	High
Bus Stop Location:			School Year:	